

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		3				
6	1					
7		1				
8		1				
9	1					
10	1					
11	1					
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TOTAL IND.	13					
TOTAL DEP.						
TOTAL CLAIMS						

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TOTAL CLAIMS				